

Board of Nursing Update

BOARD ACTIONS

September, October, November

Regulation

Board voted to waive the licensure fees for nurses impacted by Hurricane Katrina.

Considered amendments to RN and LPN regulations

Education

Professional Nursing and Practical Nursing Programs

Reviewed Professional and Practical Nursing Programs Annual Reports

Considered Accreditation Status of Professional Nursing Schools:

Catholic University of America: Full Accreditation

Georgetown University: Full Accreditation

Howard University: Conditional Accreditation

University of the District of Columbia-RN: Conditional Accreditation

Site visits at following nursing programs:

George Washington University Nurse Practitioner Program: Joint accreditation site visit with—CCNE

HMI Regency: Application for Associate Degree Nursing Program – Approved

Considered Proposal to establish new practical nursing program

Proposal to open Practical Nursing Program – Denied

Practice

Board of Nursing Advisory Committees

Advisory Committees will be used to research issues, review best practices and make recommendations to the Board. Each Committee was assigned a Board Liaison. The Committees' initial assignments were as follows:

Practice Advisory Committee

Medication Administration by unlicensed assistive personnel

Can RNs perform sutures and if so under what conditions

Board of Nursing Liaison: JoAnne Joyner

Education Advisory Committee

Refresher/Re-entry Course (Criteria)

Distance Learning (Criteria)

NCLEX passing rate regulatory requirements for nursing programs

Please Note: Kate Malliarakis has been selected as a member of the Education Advisory Committee

Board of Nursing Liaison: Rick Garcia

Advanced Practice Advisory Committee

Develop draft opinion regarding administration of anesthetic agents by RNs.

Board of Nursing Liaison: Bonnie Benetato

KUDOS

Bonnie Benetato, DC Board of Nursing Member, has been appointed to NCSBN's Finance Committee. Congratulations on your appointment. ■

CE Links on BON Website

The following CE Broker sites can now be accessed from the DC Board of Nursing's site at www.dchealth.dc.gov:

■ Continuing Education Course Search

https://www.cebroke.com/washdc/wd_profession_select.asp

■ Continuing Education FAQs

https://www.cebroke.com/help/washdc/wd_faq_hlp.asp

■ Continuing Education Provider Lookup

https://www.cebroke.com/washdc/wd_provider_lst.asp

■ Continuing Education Provider Application

https://www.cebroke.com/public/pb_pro_app_brd_select_dtl.asp?ty=pe=WDC

IN THE KNOW

Your opinion on the issues, and our answers to your questions

The Board of Nursing has established this "In The Know" column in response to the many phone calls and emails we receive. The Board often receives multiple inquiries regarding the same issue. Please share this column with your colleagues or urge them to read this column. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.

RN/LPN CONTINUING EDUCATION QUESTIONS

Q Can I receive CE approval for attending a "Handling Conflict" course?

A No the course must include content which will include nursing theory and/or practice.

Q Would ACLS, PALS, or CPR be approved for continuing education?

A No, this training will not be approved for continuing education.

Q My hospital has monthly educational sessions with nurses but they have not been approved for CEs. Can we use these towards our CE requirements?

A Encourage your facility to submit these sessions to www.CEBROKER.com for approval, otherwise these sessions will not be accepted.

Q How many CEs are required for renewal of licensure? I'm confused.

A 24 CEs for RNs and APRNs and 18 CEs for LPNs (In the last issue of *DC NURSE: REP*, one of the answers erroneously indicated that 18 CEs are required for RNs. We apologize for the error.)

Q When/how were the CE requirements initially announced?

A The RN Regulations requiring CEs for renewal of licensure were published September 2004. The fact that the Board was planning to require CEs was first mentioned in Vol. 1 No. 1 of *DC NURSE: REP*.

Q When do the CE requirements go into effect? How many CE credits are needed for the current renewal period?

A This requirement goes into effect during your next renewal period—2006 for RNs/ APRNs and 2007 for LPNs. Twenty four (24) hours are required for RNs/APRNs and 18 hours for LPNs.

Q Is there a publication/website where I can find answers to my questions? I could not get any of my questions answered at: www.CEBROKER.com.

A CE Broker's FAQs are general, so for instance you could find the number of hours needed and when they will be required. If you have questions that are not addressed at www.CEBROKER.com in the future, please submit them to this column (see address and fax number below).

Q Some nurses with DC licensure may not be receiving the *DC NURSE: REP* on a regular basis. I appear to be one of them. Therefore, these nurses may not be aware of the CE

requirement. Guidelines regarding the required method to document compliance would be helpful. For example, will nurses simply sign a statement affirming compliance? Will they be required to submit a copy of publications?

A If you are aware of nurses who are not receiving the publication please ask that they contact the board (contact information below) so that we can make sure that our mailing list is up-to-date. Regarding guidelines for compliance—nurses will be required to attest that they have met the CE requirements. An audit will be completed for selected nurses. At that time, they will need to validate their compliance with the requirements by submitting required documentation, i.e., CE verification certificate. For those attesting to the publication option, the Board will request a letter of acceptance from the publisher of the book or peer reviewed periodical.

Q Will the Board accept Continuing Medical Education credits (CMEs) for nurses renewing their license?

A Yes, CMEs are accepted.

Q Is there a conversion that the DC Board would recognize, converting CME contact hours to APRN CE QUESTIONS for purposes of meeting the new contact hour requirement?



Do you have a question you would like answered or an opinion you would like to share? Send your questions or comments to:

"In the Know"
District of Columbia Board of Nursing
717-14th Street, NW, Suite 600
Washington, DC 20005
Fax: 202.727.8471

A The conversion is 1 contact hour = 0.1 CEU/ 1 CEU = 10 contact hours/ 1 Contact hour = 50 minutes

APRN CE QUESTIONS

Q There remains a great deal of confusion regarding the new pharmacology requirements [for APRNs]. We believe reasons for this include the fact that the first letter (dated February 12, 2003) APRNs received regarding the regulation change mentioned "15 contact hours of CE in pharmacology" and the amended advanced practice regulations finalized in 2004 only mention 15 contact hours of continuing education. Are we correct in our evaluation of the regulations that:

1. All APRNs (as well as RNs) need 24 hours of CE from June 2004-June 2006 in order to renew their licenses in June, 2006.
2. Those 24 CEs must include 15 hours of clinically focused/medical man-

agement continuing education (i.e. not public health, research, education, professional development, etc), which includes some pharmacology content. Any amount from one hour to 15 hours is acceptable.

3. All nurses (including APRNs) renewing their licenses will need to attest to the fact that they have completed the required 24 hours of CE. The Board will audit the CE verifications for a select group of nurses and ask that they submit proof of attendance. Therefore, all nurses must maintain a file of CE they have attended.
4. No nurse/APRN is limited to the courses listed on CE Broker. Courses approved by any of the following organizations are automatically approved by the Board: ACCME, AANA, ACNM, ANCC, State Board of Nursing approved school of nursing, State Board of Nursing approved provider or course.

A Your interpretations regarding the CE requirements are correct with the exception of #2. The requirement is not 1-15 hours, it is 15 hours. The 15 contact hours for APRNs must include a pharmacology component, such as, a course on treating diabetes that will include a discussion regarding the medications used to treat diabetic clients.

"PENDING" LICENSURE

Q If a nurse's licensure status is listed as "Pending" on your website, are they still required to have a Supervised Practice Letter in order to practice in the District?

A Yes, they do. Pending means that they have submitted their application and it is being processed. In order to practice the nurse's status must either be active or pending. If pending they must have a signed supervised practice letter which will allow them to practice under the

supervision of a licensed nurse for up to 90 days, while their application is being processed. The nurse can only practice without a supervised practice letter if their status is "Active."

NURSE IMPOSTER

Q How is it brought to the Board's attention that licenses are unverifiable/fraudulent? I interview a lot of RNs and LPNs, and often it is my impression that the knowledge level of the interviewees is not on par with the licensure they hold. On several occasions I have doubted that a license was legitimate. What can be done (if anything) in such a situation? The license checks "okay" when verified on-line.

A Persons identified by the Board do not have a valid license. (See page 20-21 for more discussion on identifying nurse impostors)

NURSING STUDENTS

Q Does the DC Board of Nursing require criminal background checks for nursing students enrolled in DC schools?

A The Board does not require criminal background checks for students. They are considered to be working under the supervision of a licensed nurse.

DEPLOYED RN COMMENT

Comment: As an active duty member of the U.S. Army, I heartily applaud the District of Columbia Board of Nursing for taking such a "common sense" approach on this matter for deployed soldiers.

DC BON: It is our pleasure to be able to accommodate nurses who have been deployed. The last thing that you need to worry about is your licensure status. Good luck to you. And if you have an opportunity, send an email from time to time to let us know how you are doing.

Comment: Thank you so much for this publication. It is the one publication that I read from cover to cover. Keep up the good work.

DC BON: We appreciate the positive feedback. Thank you. ■

YOUR ADDRESS UPDATES ARE CRUCIAL

As the result of a recent change in the law:

Failure to Report Change of Address will result in \$100 Fine

Recently moved or planning to move? Please let us know if you have a change of mailing address. We must know within 30 days of your move.

The health professional licensing boards have experienced difficulty in accessing licensees/applicants due to changes in address. Licenses have been sent and re-sent. And disciplinary notices have been mailed—but not received—by health professionals.

This becomes particularly problematic when our investigators are unable to serve subpoenas due to an address change. This is a major public safety concern when the health professional is of immediate danger to the public and we are unable to locate them to advise them to cease practice.

According to 17 DCMR 3601.3(b), "failure to notify the board of any changes of address of the place or residence or place of business or employment within 30 days after the change of address" (D.C. Code 3-1205.13(b)) is a Class 4 infraction punishable by a \$100 fine for the first offense and higher fines for subsequent offenses.

NURSES PLEASE NOTE

It is imperative that we have your current name and mailing address.

Please provide us with this information. Fill in the form below and mail it to:

Board of Nursing, HPLA, Suite 600, 717 14th Street, NW, Washington DC 20005. Or fax it to: (202) 727-8471.

(Please be assured that your address will NOT be posted on our website.)

FAILURE TO NOTIFY THE BOARD WITHIN 30 DAYS AFTER THE CHANGE OF ADDRESS IS PUNISHABLE BY A \$100 FINE FOR THE FIRST OFFENSE AND HIGHER FINES FOR SUBSEQUENT OFFENSES.

On all changes, please provide the following:

SS #

LICENSE #

NAME

MAILING ADDRESS

CITY / STATE / ZIP

SIGNATURE: (MUST BE SIGNED)

LPNs who have not completed the licensure process.

Oops! You have applied to renew your license but you have not completed the renewal process. You may need to mail us one or all of the following:

- Your two (2) 2" x 2" passport-size photos, or
- Photocopy of a government-issued ID, or
- Additional requested documentation

Please note: All nurses who have not completed the renewal process **are not licensed to practice in the District of Columbia.**

Incomplete Applications as of October 24, 2005

LPN1002039	OCELIA A SAR	LPN960149	CARL W JOYE	LPN968278	MUYINOT A. BRYANT
LPN1002066	MANDU A. ANDY	LPN960740	KIMLA BLASINGAME	LPN1002282	LIVINUS C OZURUMBA
LPN1002123	CECILE S TCHAKOUNTE	LPN961474	ABIBATU DARAMY	LPN1002983	MATTHEW E. EICHIE
LPN1002143	MICHELLE A MCKENZIE	LPN961609	VENUS B TOLSON	LPN1002988	SEBASTINE C. ANYANWU
LPN1002167	OLUBOLA OGUNKOYA	LPN965290	YOLANDE E. HUGGINS	LPN1003006	SIA SUMANA
LPN1002186	IBRAHIM YILLA	LPN965545	IFEYI N. ELUMA	LPN1102	ANNIE E BOYKIN
LPN1002321	NAGELA B. MEDEUS	LPN965614	JOSEPH K. NDUNGU	LPN2613	ISABELL C. WYNN
LPN1002343	AUGUSTA T. KAI-KAI	LPN966045	IRENE O. OFFOR	LPN3971	MARY L KINGWOOD
LPN1002350	FRANCISCA I. ALINTAH	LPN966433	ERICA P. WHOIE	LPN4979	GEORGIA M MITCHELL-CHUN
LPN1002388	CHARLES K. OKATTAH-ASARE	LPN966783	RHABIATU D. KAMARA	LPN559	MARY T SCOTT
LPN1002391	FOLASHADE F. TAIWO	LPN967187	MICHAEL A. ADEBAMBO	LPN7550	MARY A. MAXIMUANGU
LPN1002399	OLUWEMIMO O. KOLAWOLE	LPN967586	YVONNE TAYLOR	LPN967485	AYUK BAKIA-PARKER
LPN1002686	IDDRISU A. TIA				
LPN1002695	ADAKU C. OKORIE				
LPN1002773	WENDY A. CLEMONS				
LPN1002792	IRENE MBOUYA				
LPN1002794	BRENDA LEE GERBER				
LPN1002801	ISIAKA O. AREGBE				
LPN1002855	SIDONIE M. BOGNE				
LPN1002984	ROSEMOND A. AMPOMAH				
LPN1002994	AMADU KANU				
LPN1250	SAVANNAH DAVIS CROOK				
LPN5212	GRACE E THOMPSON				
LPN5464	CONNIE TERESA SAVOY				
LPN5743	CELIA D PORTER				
LPN5943	MARTHA LYNN EDSON				
LPN6382	DARLENE GARRISON				
LPN6476	VIVIAN M LEWIS-BROWN				
LPN6661	IDA L WALTON				
LPN6857	TOWANA MACE				
LPN6921	LISA R SWANN				
LPN7039	MARION K O'PHARROW				
LPN7114	UCHE FELICIA NNABUGWU				
LPN7130	PATRICIA GREENE				
LPN7285	ANTHONY J JEFFERSON				
LPN7355	OYEKEMI A. AKANBI				
LPN7396	DOROTHY E ANYANWU				
LPN7445	RAYMOND U. EKPEDEME				
LPN7639	ADDIE M. DAVID				
LPN7725	JANIE B. WRAN				
LPN7902	DIANA P KNIGHT				
LPN8002	ROSAMOND JUDKINS				
LPN8015	VICTORIA D CURRY				
LPN8050	OGONNA N ILOCHONWU				
LPN8082	IYABO N OKE				
LPN8240	MODUPE O YOMI				
LPN8270	FELICIA C. CHUKWU				
LPN8284	ROSEMOND E COLE				
LPN8315	NDIDI M. AGWU				
LPN8446	SONYA N. SMITH-MCKENZIE				
LPN8468	AGARTHA A BUTLER				
LPN8472	ASALLY K SESAY				
LPN8488	LAJUAN BAILEY				
LPN8494	VITALIS I. KEMAKOLAM				

If your name appears on this list please contact the Board's Customer Service line at (877) 244-1689 to find out what additional information is needed and to request a licensure reinstatement form.

NCSBN meeting: Words of Inspiration



DC Board Chairperson JoAnne Joyner

The DC Board of Nursing hosted this year's annual meeting of the National Council of State Boards of Nursing (NCSBN), held August 2-5, at the Capital Hilton. Entitled "MISSION POSSIBLE," the meeting featured NCSBN leaders and DC Board Chairperson JoAnne Joyner, who inspired the delegates to take action to effectively advocate for continued innovation in the regulation of nursing practice.



NCSBN President Donna Dorsey

NCSBN President Donna Dorsey, MS, RN, FANN, told the attendees: "We must remove regulatory barriers to innovation" and "work together to meet all of the challenges next year will bring." NCSBN Executive Director Kathy Apple, MS, RN, CAE, stated that "organizational interdependence is the strength of the national council" and stated that "our main mission is to protect the public." Apple also quoted Women's Suffrage pioneer Susan B. Anthony by proclaiming: "Failure is impossible."

Resolutions Passed:

Adoption of the Delegation Position Paper *Working With Others: Delegation and Other Health Care Interfaces*.

Adoption of the *Model Act and Rules For Delegation and Nursing Assistant Regulatory Model*.

Adoption of the *Position Paper on Nursing Education Clinical Instruction In Prelicensure Nursing Programs*.

Adoption of the *Model Process for Criminal Background Checks* and the supporting Concept Paper *Using Criminal Background Checks to Inform Licensure Decision Making*.

Resolution that NCSBN generate and publish an unambiguous public position statement that nursing regulation and nursing scopes of practice shall be officially interpreted and explained by state nursing regulators.

NCSBN will conduct a job analysis, develop a model medication administration curriculum and conduct a feasibility study for administering a competency examination for medication assistive personnel.

